

**"FEE ADDRESS" INDICATION FORM**

Address to:  
 Commissioner for Patents  
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- OR -

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

**00000073247***Type Customer Number here***OR**

Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

<b>PATENT NUMBER (if known)</b>	<b>APPLICATION NUMBER</b>
6,850,130	10/049,809

(check one)

☐ Applicant/Inventor

/Robert W. Faris/

Signature

☒ Attorney or Agent of record 31,352  
(Reg. No.)

Robert W. Faris

Typed or printed name

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)703-816-4008

Requester's telephone number

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_**April 18, 2008**

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 form/s are submitted.